

INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR A LICENSED PROFESSIONAL COUNSELOR (LPCC)

(This is for information only, you must read the law and regulations for all requirements)

To become a Licensed Professional Clinical Counselor (LPCC), the following requirements must be met:

1. You must have a Masters, Specialist, or Doctorate Degree in Counseling or related field from a regionally-accredited institution;
2. You must have completed a minimum of sixty (60) graduate semester hours in the following areas:
 - (1) The helping relationship, including counseling theory and practice;
 - (2) Human growth and development;
 - (3) Lifestyle and career development;
 - (4) Group dynamics, process, counseling, and consulting
 - (5) Assessment, appraisal, and testing of individuals;
 - (6) Social and cultural foundations, including multicultural issues;
 - (7) Principles of etiology, diagnosis, treatment, planning, and prevention of mental and emotional disorders and dysfunctional behavior;
 - (8) Research and evaluation; and
 - (9) Professional orientation and ethics;
 - (10) Complete an organized practicum or internship consisting of at least 400 hours.
(All sections of the application must be completed before it is reviewed by the Board)
3. Complete Section 1 of the application and sign the Affidavit;
4. Complete Section 2 of the application pertaining to your education.
5. Complete Section 3 of the application pertaining to your work experience.
6. Each clinical supervisor must complete and sign a Section 4 of the application. (make additional copies)
7. Complete Section 5 of the application. Enter the courses that you believe are appropriate to fulfill each of the core areas. Call the university where you completed your counseling degree if you need assistance. List each course only 1 time on the application.
8. Complete a minimum of 4,000 hours of experience in the practice of counseling, all of which must have been obtained since obtaining the master's degree and must be under approved supervision and shall include, but not be limited to, a minimum of 1,600 hours of direct counseling with individuals, couples, families, or groups and a minimum of 100 hours of individual, face-to-face clinical supervision with an approved supervisor.
9. Request that an official copy of your graduate transcript(s) be sent from the registrar of each institution directly to the Board. (The Board does not accept copies of transcripts or issued to student transcripts.
10. Submit evidence of a passing score on the National Counselor Examination; and
11. Send a check or money order (no cash) with the application made payable to the Kentucky State Treasurer in the amount of \$150.00. If your application is denied, you will receive a refund of \$125.00
12. Your application has to be in the office in time to be processed for the Board to review at their next scheduled meeting upon receipt. The Board is scheduled to meet the 3rd Friday of each month, but due to unforeseen circumstances, this may not be possible. You will be notified in writing results of the board's decision. Results will not be given over the phone

KENTUCKY BOARD OF LICENSED PROFESSIONAL COUNSELORS
COMMONWEALTH OF KENTUCKY
PO BOX 1360
FRANKFORT KY 40602

APPLICATION

PLEASE TYPE OR PRINT ALL INFORMATION

LICENSE NUMBER _____

ISSUED _____

SECTION 1

NAME: (this is the way your name will appear on certificate)

1. _____
FIRST MIDDLE LAST

2. _____
STREET

CITY STATE ZIP

SOCIAL SECURITY NUMBER () WORK TELEPHONE NUMBER () HOME TELEPHONE NUMBER

3. Are you a Nationally Certified Counselor by NBCC? _____ No _____ Yes NCC Number _____

4. Are you credentialed as a professional counselor in any other state? _____ No _____ Yes
If yes, Name of credential _____ State _____
Date of issue _____ / _____ / _____ Expiration date _____ / _____ / _____

5. Do you or have you ever held any other license, certificate, or registration from at state board in Kentucky or any other state? _____ No _____ Yes If yes, list license(s), certificate(s) or registration(s) and state _____

6. Are you seeking endorsement? _____ No _____ Yes

7. Have you held a certification/license/registration in Kentucky or any other state that has ever been suspended or revoked? _____ No _____ Yes If Yes, give details and attach supporting documentation _____

8. Have you ever been convicted of a felony or a misdemeanor (other than minor traffic violations) under the laws of any state in the United States? _____ No _____ Yes If yes, what offense: _____
(Attach supporting documentation)

APPLICANT'S AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license revoked by the Board. Furthermore, I agree to abide by the standards of practice and code of ethics approved by the Board.

APPLICANT'S SIGNATURE: _____
(Sign your name - Do not Print or Type)

DATE: _____

Applicant's Name _____

SECTION 2----EDUCATION

(Attach official graduate official transcripts)

SCHOOL	NAME AND LOCATION	DATES ATTENDED		DATE OF GRADUATION		NUMBER OF HOURS OR CREDITS	DEGREES OBTAINED
		FROM	TO	MONTH	YEAR		
Graduate							
Doctrate							

SECTION 3----EXPERIENCE

Begin with your present or most recent counseling position and list fully and accurately the details of each job you have held relating to the professional experience you wish to document. You must have completed a minimum of 4,000 hours of experience in the practice of counseling, all of which must have been obtained since obtaining the master's degree and must be under approved supervision and shall include, but not be limited to, a minimum of 1,600 hours of direct counseling with individuals, couples, families, or groups and a minimum of 100 hours of individual, face-to-face clinical supervision with an approved supervisor.

Total hours of professional experience includes all hours, both direct and indirect.

Employed: From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____	Describe your duties: _____ _____ _____ _____ Total Hours of Individual, Face-to-Face Clinical Supervision: _____
Title of Position _____	
Name of Employer/Agency _____	
Name of Clinical Supervisor _____	
Total Hours of Professional Experience _____	
Total Hours of Direct Counseling _____	

Employed: From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____	Describe your duties: _____ _____ _____ _____ Total Hours of Individual, Face-to-Face Clinical Supervision: _____
Title of Position _____	
Name of Employer/Agency _____	
Name of Clinical Supervisor _____	
Total Hours of Professional Experience _____	
Total Hours of Direct Counseling _____	

Applicant's Name _____

SECTION 4----VERIFICATION OF PROFESSIONAL COUNSELING EXPERIENCE UNDER SUPERVISION

Each clinical supervisor must complete a separate Section 4)

Supervisor

1. _____
First Middle Last Name

Street Address

City State Zip Code

2. Professional credential of supervisor: Check the one that applies.

____ licensed professional counselor ____ licensed psychologist
____ licensed psychiatrist ____ licensed clinical social worker
____ certified professional art therapist ____ licensed marriage and family therapist
____ nurse with a M.A. degree and psychiatric certification

3. Graduate Degree(s) held. (Check all that apply)

	Major Emphasis	Institution	Year Awarded
____ Masters degree in	_____	_____	_____
____ Specialist degree in	_____	_____	_____
____ Doctorate	_____	_____	_____

4. The applicant named above has completed _____ hours of professional counseling (direct and indirect) experience while under my supervision. (These hours include total working time and all professional activities.)

The applicant named above has completed _____ hours of **direct** counseling experience with individuals, groups, families, etc. While under my supervision.

The applicant named above has completed _____ hours of individual, fact-to-face, weekly clinical supervision while under my general supervision.

Do you know of any reason why this person should not be issued a certificate as a professional counselor?

____ No ____ Yes

Please comment on applicant's therapeutic competence and ethical behavior:

I, the clinical supervisor named in the above, do hereby certify under penalty of law that the information contained is true, correct and complete to the best of my knowledge and belief.

Name

Date

Applicant's Name_____

SECTION 5---CURRICULUM GUIDELINES FOR KENTUCKY LICENSED CLINICAL COUNSELOR

1. The helping relationship including counseling theory and practice. (Studies that provide an understanding of the counseling and consultation processes. Example Courses: family counseling; internship; theories; techniques; practicum.)

[illegible]

2. Human growth and development (Studies that provide an understanding of the nature and needs of individuals at all developmental levels. Example Courses: human development; personality; learning theory; educational psychology; counseling children, adolescents, adults, elderly.)

[illegible]

Applicant's Name _____

SECTION 5—CONTINUED

3. Lifestyle and career development (Studies that provide an understanding of career development and related life factors. Example courses: lifestyle and career counseling; vocational counseling; occupational and educational information.)

[illegible]

4. Group dynamics, process, counseling and consulting. (Studies that provide an understanding of group development, dynamics, counseling theories, group counseling methods and skills, and other group work approaches.)

[illegible]

Applicant's Name_____

SECTION 5—CONTINUED

5. Assessment, appraisal, and testing of individuals. (Studies that provide an understanding of individual and group approaches to assessment and evaluation. Example courses: measurement; individual appraisal; intelligence testing.)

[illegible]

6. Social and cultural foundations, including multicultural issues. (Studies that provide an understanding of issues and trends in a multicultural and diverse society. Example courses disadvantaged populations; diversity; minorities; multicultural issues.)

[illegible]

Applicant's Name _____

SECTION 5—CONTINUED

<p>7. Principles of etiology, diagnosis, treatment planning, and prevention of mental and emotional disorders and dysfunctional behavior. (Example courses: mental health counseling; differential diagnosis and treatment; abnormal psychology; behavioral management; diagnosis and treatment in counseling.)</p>

[illegible]

8. Research and program evaluation. (Studies that provide and understanding of types of research methods, basic statistics, and ethical and legal considerations in research. Example courses: research methods; statistics.)

[illegible]

Applicant's Name_____

SECTION 5—CONTINUED

9. Professional orientation. (Studies that provide an understanding of all aspects of professional functioning including history, roles, organizational structures, ethics, standards, and credentialing. Example courses: introduction to counseling; professional orientation; legal and ethical issues.)

[illegible]

Practicum/Internship All applicants shall complete an organized practicum or internship consisting of at least four hundred (400)hours.

[illegible]